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APPLICANTS

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** CONTINUING DATA *****
None

** FOREIGN APPLICATIONS *****
None

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 01/30/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MA	SHEETS DRAWING 3	TOTAL CLAIMS 38	INDEPENDENT CLAIMS 3
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Verified and Acknowledged
 Examiner's Signature *[Signature]* Initials

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TITLE
 Medicine container and packaging therefor

FILING FEE RECEIVED 1224	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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